

[[TITLE:PHR-RELEASE NOTES 4.61
[:NUMBER:SET=1
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26 May 1998

RELEASE NOTES: CHCS-4.61 - PHR

This release contains new functionality, enhancements, and modifications to existing software resulting from SIRs that have been generated by the development team, internal testing, and from users at test sites.

Release notes are included in the OLUM and transmitted via separate messages by system or subsystem for each software version.

[[SEARCH:SPECIAL CONCERNS
[:K:...

1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any software installation concerns.

[[SEARCH:DIFFERENCES FROM PREVIOUS SOFTWARE VERSION
[:K:...

2. DIFFERENCES FROM PREVIOUS SOFTWARE VERSION

[[SEARCH:Enter/Maintain Inpatient Orders
[:K:...

IVM IV Menu

IOE Inpatient Order Entry Menu

EMI Enter/Maintain Inpatient Orders

[[SEARCH:"E"-LEVEL MEPRS
[:K:"E"-Level MEPRS

"E"-LEVEL MEPRS

The system was modified for outpatient order entry to prevent you from entering a MEPRS code that begins with an "E" at the Clinical Service/MEPRS Code prompt, when you have entered an inappropriate requesting location at the Requesting Location prompt. An inappropriate requesting location is a hospital location that has a File Area Location Type and an associated "E"-Level MEPRS code.

The default that displays during outpatient order entry at the Requesting Location prompt depends on the default defined in the Default Location field on the Order Entry Preferences screen of the Clinical software. The Default MEPRS Code entry is only used

when no MEPRS code has been assigned for a specific location in the MEPRS Code file.

The Enter/Maintain Inpatient Orders (EMI) option accessed through the Unit Dose Menu (UDM) and the Health Care Provider Maintenance (HCM) option were also affected by this change. (CLN 090984)

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[[SEARCH:AMBULATORY PROCEDURE VISIT (APV)
[:K:...
  AMBULATORY PROCEDURE VISIT (APV)
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The Inpatient Order Entry Menu (IOE) options were modified to allow you to enter and maintain Unit Dose and IV orders for APV patients. An APV has been referenced in the past as "same day surgery," which is typically a procedure or surgical intervention with an anticipated stay of less than 24 hours in an Ambulatory Procedure Unit (APU).

To accommodate the unique needs of the APV, a new order type, Ambulatory Procedure Request (APR) order and a new page, APV page, on the Patient Order List (POL) were created. The system generates the APV page after an APR order is created through either the Clinical (CLN) or Patient Appointment and Scheduling (PAS) software.

You can access future orders on the APV page for first-dose processing after the APV appointment has been designated as SCHEDULED by an authorized PAS clerk. When the patient arrives and the appointment has been designated as KEPT by an authorized PAS clerk, you can access orders for all other order processing.

As with inpatient orders, if the APR order is canceled and first-dose labels have been printed, the system generates a notification message to pharmacy.

Existing functionality for clinical screening applies to pharmacy orders on the APV page. Unit Dose and IV orders on the APV page are screened against Unit Dose and IV orders only on the APV page; RX orders on the APV page are screened against RX orders on all other POL pages.

The Inpatient Order Entry Menu (IOE) options accessed through the Unit Dose Menu (UDM) were also affected by this change. (PHR 092414)

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[[SEARCH:Stop Order Notification Report
[:K:...
  SON Stop Order Notification Report
```

Different MUMPS vendors allow different maximum integers to be

entered in fields/prompts. A system error no longer occurs when you enter a number larger than the maximum (31 digits).

This error affected many options throughout the Pharmacy (PHR) software, which included (but was not limited to) the following:

- Stop Order Notification Report (SON): at the Latest Stop Date, Earliest Stop Date, Select Order Type, Select Sort Criteria, and Select Physicians prompts.
- Add to Controlled Inventory (ADD) and Decrement from Controlled Inventory (DCI): at the Inventory prompt and Quantity Received prompt.
- Batch Work Lists/Labels (BAT): at the Print [IV] Orders Thru prompts.
- Print New IV Orders (PNO): at the Print IV Labels Thru prompt.
- New Prescription Entry (RX), Refill a Prescription (RAP), and Edit a Prescription (EAP): at the Select Patient or RX Number prompt. (SIR 24638)

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[[SEARCH:Patient Test for Drug Warnings  
[:K:...
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VIN Inquiry Menu

DDI Drug Data Inquiry Menu

TWF Test Drugs for Warnings

PTW Patient Test for Drug Warnings

To exit from either the Test Drugs for Warnings (TWF) or the Patient Test for Drug Warnings (PTW) option, you can now enter an "^" at the Do you want to display the drug check parameters? prompt. Previously, you were allowed to continue through the prompts and a system error occurred when you completed responding to the prompts. (SIR 23559)

The system now allows two users to view the Clinical Screening Parameters at the same time in the Test Drugs for Warnings (TWF) and the Patient Test for Drug Warnings (PTW) options. Previously, a message displayed, "Another terminal is editing this entry!" (SIR 24554)

```
[[SEARCH:Formulary Inquiry  
[:K:...  
[[SEARCH:FORMULARY GROUP DEFAULT  
[:K:...
```

FIN Formulary Inquiry

FORMULARY GROUP DEFAULT

Previously, the software defaulted to either the inpatient formulary group assigned to your logged-on division or the first inpatient formulary group defined in the system. If you were logged on to an outpatient division, this was not the correct method to determine the appropriate formulary group.

The system was changed to default to the appropriate formulary group when you access the Formulary Inquiry (FIN) option.

- o The system prompts you to select the formulary group (FIN options display a default formulary group). An example is:
Select FORMULARY GROUP NAME: FIRST FORMULARY GROUP//
- o If you specified an outpatient pharmacy site and that site had an assigned formulary group, the assigned formulary group is the default formulary group.
- o If you specified an outpatient pharmacy site and that site does not have an assigned formulary group, the system does not display a default formulary group. The Formulary Group field in the Outpatient Site Parameters (SIT) option is a required field.
- o If you access the Formulary Inquiry (FIN) option through either the IV Menu (IVM) or the Unit Dose Menu (UDM) the default formulary group displayed is the formulary assigned to your logged-on division, since formulary groups are not assigned to inpatient pharmacy sites.
- o If no formulary group is assigned to your logged-on division, the outpatient pharmacy sites belonging to the division are scanned, and the first active formulary group assigned to an outpatient pharmacy site is the default.
- o If the formulary group cannot be otherwise determined, the default is the first active inpatient formulary group defined in the system.

The Formulary Inquiry (FIN) options accessed through the IV Menu and the Outpatient Menu (OPM) also reflect this change. (PHR 100751)

The system now correctly populates the Formulary Group field on the Formulary Inquiry screen instead of leaving the field blank. This problem occurred when the Formulary Inquiry (FIN) option was accessed to look up a new drug which was non-formulary for the first formulary group in the system and non-formulary for the formulary group chosen for the look-up. The Formulary Inquiry (FIN) options associated with the Unit Dose Menu (UDM) and the Outpatient Menu (OPM) were also affected. (SIR 26458)

[[SEARCH:Pending IV Orders List
[:K:...

PPI Pending IV Orders List

AMBULATORY PROCEDURE VISIT (APV)

To accommodate APV orders, the system was modified to allow you to print future IV order lists for a requesting location of an Ambulatory Procedure Unit (APU), based on the SCHEDULED date of the Ambulatory Procedure Request (APR) order. (PHR 092414)

[[SEARCH:Print Future IV Labels
[:K:...

PFI Print Future IV Labels

AMBULATORY PROCEDURE VISIT (APV)

To accommodate APV orders, the system was modified to allow you to print future IV labels for a requesting location of an Ambulatory Procedure Unit (APU), based on the SCHEDULED date of the Ambulatory Procedure Request (APR) order. (PHR 092414)

A system error no longer occurs when you try to print a future dose label for an IV order that was created without a priority. (SIR 18868)

[[SEARCH:Add to Controlled Inventory
[:K:...

NSM Narcotic System Menu

INV Inventory Supply Menu

ADD Add to Controlled Inventory

A system error no longer occurs, when you enter a supply voucher and enter "RX-" as part of the supply voucher number. (SIR 24007)

When you enter a new voucher number at the RECEIPT VOUCHER NUMBER prompt, the system now displays the new voucher number on the Supply Voucher Report and the system creates a cross-reference in the Control Audit file. (SIR 26121)

[[SEARCH:New Issue Entry
[:K:...

ISM Issue Menu

NEW New Issue Entry

You must now enter an uppercase "P" at the prompt, Do you wish to use (P)ackage or (I)nventory units to dispense in: I//. Previously, the prompt accepted a lowercase "p" which caused the option to default to Inventory Units instead of Package Units.

(SIR 21859)

[[SEARCH:Return an Issue
[:K:...

RAI Return an Issue

When you enter the Return an Issue (RAI) option and select the issue, an asterisk (*) displays next to the selected entry. If you page down or use arrow keys to move to the next page and then return to the selection just made, the asterisk remains displayed.

Previously, the asterisk disappeared, which made it impossible to know that the selection was still marked. If you pressed <Select> again the item was deselected. (SIR 23729)

[[SEARCH:Verify Issues
[:K:...

VER Verify Issues

When you verify a narcotic issue, a system error no longer occurs if the issue was entered between midnight + 00 seconds and midnight + 59 seconds. Previously, the system would not allow seconds to be stored in the Log In Date field and the issues entered between the above times would receive a system error upon verification. Such issues will also now appear on the Narcotic Issue Reports. (SIR 26586)

[[SEARCH:Complete RX Transaction
[:K:...
[[SEARCH:Controlled Prescription Menu
[:K:...
[[SEARCH:Complete RX Transaction
[:K:...
[[SEARCH:Return RX Transaction
[:K:...
[[SEARCH:Remove RX Transaction
[:K:...

CPM Controlled Prescription Menu

CRT Complete RX Transaction
RRT Return RX Transaction
REM Remove RX Transaction

[[SEARCH:RX NUMBER CONSISTENCY
[:K:...

RX NUMBER CONSISTENCY

Most options on the Prescription Menu (PM) require that the prescription number be entered with "RX" followed by the prescription number. However, three options on the Controlled Prescription Menu (CPM) require a different format.

The options on the Controlled Prescription Menu (CPM) were modified to allow the system to accept either "RX" followed by the prescription number or the old format. The following prompts display for each option:

- CRT Complete RX Transaction
Select RX# or (A)ll to Complete: RXA1202
- RRT Return RX Transaction
Select PRESCRIPTION TO RETURN: RXA1196
- REM Remove RX Transaction
Select RX# or (A)ll to Remove: RXA1163

Previously, you had to enter a prescription number as "RX-nxxx", with a hyphen separating RX and the number.

The Clinical Screening (CCS) option on the Prescriptions Menu (PM) was also modified to support RX number consistency. (PHR 100801)

[[SEARCH:Formulary Inquiry
[:K:...

OPM Outpatient Menu

DDI Drug Data Inquiry Menu

FIN Formulary Inquiry

When you enter a "?" preceding the drug name at the Drug Name prompt, the picklist now correctly lists pharmacy sites that stock the drug. (SIR 25434) (SCC 960701227)

[[SEARCH:Batch Print Labels
[:K:...

PM Prescriptions Menu

BPL Batch Print Labels

When an RX is entered with the SIG "Tn.n" the expanded SIG now accurately prints on the label as "Take n.n" instead of remaining as "Tn.n." (SIR 21841)

The system now prints the maximum quantity code (MQ) on the label when an prescription has a quantity that exceeds the maximum quantity set for the drug. Previously, the information was not available to pharmacy personnel because the code printed outside the right border of the label. (SIR 28077) (SCC 980398077)

[[SEARCH:New Prescription Entry
[:K:...

RX New Prescription Entry

[[SEARCH:ENROLLMENT BASED CAPITATION
[:K:...

ENROLLMENT BASED CAPITATION

A. DEERS ELIGIBILITY CHECK

Previously, a pharmacy-entered order initiated a DEERS check only when a new prescription was requested by an outside provider. CHCS determined that the requesting provider was an outside provider if the provider's associated MEPRS code began with "FC."

To support Enrollment Based Capitation (EBC), CHCS now performs DEERS eligibility checks for all new prescriptions and prescription refills that are entered using Pharmacy (PHR) software, regardless of the requesting provider.

The system will not perform the DEERS eligibility check when prescriptions are modified or renewed using the PHR software, or when prescriptions are entered using Clinical (CLN) software. (It is assumed that a provider entering an RX is associated with the clinic that has performed the eligibility check.)

After you file the screen data, the system performs the DEERS eligibility check if the following conditions exist:

- The DEERS Check Disable field on the Outpatient Parameter (SIT) option is enabled, and
- The patient has not received a DEERS eligibility check since the time specified in the DEERS Check-Days field on the Outpatient Site Parameters screen.

NOTE: If pharmacy personnel have entered prescription requests for a patient and a DEERS eligibility check is needed, the system requests the check for each prescription entered or refilled until a DEERS check successfully completes and the results are stored in the Patient file. (PHR 102350)

B. FILL COST CALCULATION

The system calculates (or recalculates) and stores a fill cost each time you complete any of the following actions: create a prescription, edit a prescription, refill a prescription, partial a prescription, complete a partial prescription, and mark a prescription noncompliant.

This also includes options that allow you to modify, renew, and forward a prescription, since a new prescription is created from

those actions.

The system calculates the fill cost as follows:

- If a local drug cost is defined in the formulary group associated with the dispensing site, the fill cost is calculated by multiplying the local cost by the fill quantity.

NOTE: The local cost of a drug must be defined as cost per unit. A unit can be a tablet, milligram, or tube.

- If a local drug cost is not defined in the formulary group associated with the dispensing site, the fill cost is calculated by multiplying the fill quantity by the first local cost the system finds for the drug when sequentially searching through the active formulary groups.
- If a local drug cost is not defined in any of the active formulary groups, the fill cost is zero.

The fill quantity is determined according to the action taken on the prescription, as defined below:

- New fills, edits, and refills: Fill quantity = quantity ordered.
- Partialled prescriptions: Fill quantity = partial fill quantity.
- Completed partials: Fill quantity = original quantity ordered.
- Incomplete partials: Fill quantity = partial fill quantity (no change to fill quantity).
- Noncompliant prescriptions: Fill quantity = zero. (PHR 093051)

When printing non-batched labels, the system now correctly populates the Last Fill Date field. (SIR 24889)

When you enter a prescription using fractions in the Sig code, the system now correctly calculates for Min/Max dosage checking. (SIR 24794)

When you edit the quantity or number of refills for a prescription, the system now updates the Expiration Date field appropriately. Previously, the Expiration Date could not be updated if you used the down-arrow key or pressed <Return> to pass the field, then used the up-arrow key to change the quantity or prescription. (SIR 26037) (SCC 961100562)

When entering a provider name via a one-line RX entry in the Provider field, the system no longer accepts a Provider who is flagged as "not a provider." (SIR 25350) (SCC 960700163)

If you have the PSO MELMAN security key assigned and you override a duplicate warning, the system no longer incorrectly prompts you to discontinue prescriptions that are already in a DISCONTINUED status. (SIR 26425)

When a clinical screening occurs on a new order, the prescription number now correctly displays in the ORDER# field instead of "NEW." Similarly, the order number now correctly displays for a new order instead of the patient's location and order type. (SIR 26600)

When you enter a new RX as a clerk or technician-level user that generates a warning, the system now displays the correct site in the Activity Log. Previously, the Activity Log displayed the first site defined in the system for the site. (SIR 26423)

[[SEARCH:Refill a Prescription
[:K:...

RAP Refill a Prescription

The notification labels no longer print for prescription refills. Previously, if an original prescription generated a notification label, each subsequent refill printed the original notification label and the refill label. (SIR 23560) (SCC 961200713)

The Activity Log now displays the full history of the RX when you complete an early refill or mark a controlled drug noncompliant. Previously, the Activity Log was overwritten during the transaction. (SIR 25110)

When a clinically inactive prescription is refilled and the system performs screening against multiple prescriptions, the system no longer incorrectly displays "IV" in the Drug Warning Log. (SIR 26251)

[[SEARCH:BAR CODE TECHNOLOGY
[:K:Bar Code Technology
BAR CODE TECHNOLOGY

Bar code technology was designed to generate a bar code for outpatient prescription labels and to facilitate more efficient documentation when prescriptions were dispensed. This is an optional functionality for sites and can be enabled/disabled from the Outpatient Site Parameters (SIT) option. The bar code functionality requires scanners configured to read the bar code and DataSouth 300 model printers to print labels.

Using bar code, the prescription data can be scanned rather than typed at the initial prompt for the following options from this menu:

- Prescription Inquiry (PRI)
- Edit a Prescription (EAP)
- Renew a Prescription (RNW)
- Discontinue a Prescription (DAP)
- Label Reprint (LRP)
- Clinical Screening (CCS)
- Patient Education Monograph (PEM)
- Dispense a Prescription (DRX)

Bar code can also be used at the initial prompt for all options on the Secondary Prescriptions Menu (SPM), except the Manual Prescription Entry (MPE) option. (PHR 100851)

When a valid bar code is scanned, the system now consistently reads the bar code and selects the corresponding prescription on the screen. Previously, a valid bar code would be ignored by the system when the timing of the scanned code was too slow for the command screen processor to discern user input from bar code input. (SIR 27764) (SCC 980297764)

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[[SEARCH:Edit a Prescription
[:K:...
EAP Edit a Prescription
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[[SEARCH:DISPENSING OPTION ENHANCEMENTS
[:K:...
DISPENSING OPTION ENHANCEMENTS
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The system was modified to prevent inappropriate actions from being taken on prescriptions after they have been marked "Dispensed." If the fill state for the specified prescription is invalid only because the prescription has been marked "Dispensed," the system now checks the Pickup Grace Period and, if the period has not elapsed, prompts you to "Undispense" the prescription before proceeding. This change also affected the Cancel a Prescription (CAP) and the Forward a Prescription (FWD) options. (PHR 091101)

A problem no longer occurs when you are editing more than one prescription for a patient in a session which involves changing the drug name for the first prescription. Previously, after you completed the edit to change the drug name, the system did not kill the local variable holding the new drug name which was still present when the next prescription was edited. For example, if the drug name change was from a non-narcotic drug to a narcotic

drug, the system considered subsequent edits to non-narcotic drugs to be narcotics because of the leftover variable. Consequently, erroneous entries were made in the Control Audit Transaction file. (SIR 26038)

When you file an RX renewal, the system no longer displays an action bar in error. (SIR 26272)

When the provider associated with a pharmacy-entered order has been flagged "Not a Provider," the system now correctly displays the caution message and prompts you to enter a valid provider. Previously, the system allowed you to continue processing the order.

This problem also occurred with the following options on the Secondary Prescriptions Menu (SPM): Modify a Prescription (MAP), Cancel a Prescription (CAP), and Hold/Reactivate a Prescription (HRP). (SIR 25498)

No longer does the problem occur that could cause an incorrect Sig to appear on the RX label after editing a prescription. This problem occurred when you edited the Sig and the expanded Sig was stored in the Prescription file, which remained in the prescription entry even if you aborted from the option without filing the screen. This left the prescription with an expanded Sig in node 2 that did not match the Sig in node 1. Future labels now consistently print with the correct Sig. (SIR 25640)

A conversion routine was created to delete the stored expanded Sig (described above) from all active prescriptions. (SIR 25674) (SCC 960995674)

The system now correctly performs clinical screenings when you edit two RXs for different patients in the same session. Previously, the first patient's profile was not purged when the RX for the second patient was being edited, which caused the first patient's profile to be checked when the second patient's RX was being evaluated for clinical screenings. This problem also occurred with the Modify a Prescription (MAP) option and the Renew a Prescription (RNW) option. (SIR 27344)

[[SEARCH:Discontinue a Prescription
[:K:...

DAP Discontinue a Prescription

The system no longer allows you to enter an "^" in the Comments field on certain options because it causes corrupted data to be stored in the Activity Log. The Clinical Screening (CCS) option

on the Prescriptions Menu (PM) was also affected and the following options on the Secondary Prescriptions Menu (SPM): Enter Noncompliance Data (NON), Cancel a Prescription (CAP), Forward a Prescription (FAP), and Partial Quantity Dispensed (PQD). (SIR 25241)

[[SEARCH:Clinical Screening
[:K:Clinical Screening
CCS Clinical Screening

When you enter an RX, a system error no longer occurs when you enter a number larger than 32 characters at the Enter Number for Report prompt. (SIR 24624)

If a prescription is processed at one site and another site processed a refill on that prescription that generates a warning, the system now allows you to clear clinical screenings from the site at which they were generated. (SIR 25603) (SCC 960900067)

The system now allows you to clear exact duplicate drug warnings through this option for ORE-originated RXs. Previously, you could only discontinue ORE-originated RXs through the Discontinue a Prescription (DAP) option. (SIR 27325)

[[SEARCH:Patient Education Monograph
[:K:...
PEM Patient Education Monograph

When you print a Patient Education Monograph of certain drugs, references to private corporations not sanctioned by the Department of Defense (DOD) will no longer display/print. (SIR 26148)

[[SEARCH:Dispense a Prescription
[:K:...
DRX Dispense a Prescription

The system now displays "RA" instead of "0" on the screen next to the RX status for an RX that was reactivated. This error occurred when an RX was entered through the Clinical (CLN) software, the label printed in pharmacy, then the RX was put on hold and later reactivated. (SIR 25501)

[[SEARCH:Modify a Prescription
[:K:..
SPM Secondary Prescription Menu
MAP Modify a Prescription

After you file an RX modification, the system no longer displays an action bar in error. (SIR 26187)

[[SEARCH:Remove a Refill Error
[:K:...

RRE Remove a Refill Error

The system was modified to prevent you from removing a refill error on an RX with an existing allergy warning. You must use the Clinical Screening (CCS) option to clear the warning on the refill prior to using this option to remove the refill error.

Previously, the system allowed the refill to be removed even though a warning was generated, and the prescription in the Prescription Inquiry (PRI) option displayed an ACTIVE status instead of a WARNING status. (SIR 24576)

The system now allows you to correctly remove a refill without receiving a message stating that the prescription is in a FILL status. This problem occurred after a V4.52 upgrade when you attempted to remove a refill for a prescription processed when the site was at V4.41 MU1. (SIR 26987)

[[SEARCH:Cancel a Prescription
[:K:...

CAP Cancel a Prescription

The system only allows you to cancel a prescription using the Cancel a Prescription (CAP) option if canceling from the originating site. This option is now consistent with the functionality for other Outpatient Pharmacy Menu (OPM) options. (SIR 25998)

If you enter an authorizing provider, the system no longer overrides the original prescribing provider in the Prescription field. The system now stores and displays the authorizing provider in the Remarks field of the Activity Log and in the Canceled Prescription profile of the Medication Profile Inquiry (MPR) option. The Hold/Reactivate a Prescription (HRP) option was also affected. (SIR 25774)

[[SEARCH:Partial Quantity Dispensed
[:K:...

PDQ Partial Quantity Dispensed

The system now displays the correct quantity instead of the full quantity when a partial RX is dispensed. (SIR 22582)
(SCC 950200361)

[[SEARCH:Quick Dispense
[:K:...

QRX Quick Dispense

The Quick Dispense (QRX) option was added to the Secondary Prescription Menu (SPM) to allow you to quickly scan the bar code on the prescription label and mark prescriptions dispensed. When you access this option, the action bar displays only two actions: dispense and exit. (PHR 100853)

UDM Unit Dose Menu

IOE Inpatient Order Entry Menu

EMI Enter/Maintain Inpatient Orders

When you enter an allergy for a patient with a medication that has a generic name in parenthesis, the entire name now displays instead of truncating. (SIR 24804)

[[SEARCH:Adjust Cart Units Dispensed

[:K:...

DIM Dispensing Menu

ACU Adjust Cart Units Dispensed

The Dispensing Menu (DIM) options were modified to allow you to print cart lists and work lists for ambulatory procedure units (APUs). To print cart lists and work lists, the type of ward group associated with each APU must be defined as "ward" through the Ward Groups (WAG) option. If defined as any other type (e.g., Emergency Room, Clinic, or APU) cart lists and work lists will not print. (PHR 092414)

[[SEARCH:Print Cart List

[:K:...

CAR Print Cart List

When you print the cart list and it includes a patient who is less than a year old, instead of a blank field, the system now displays the patient age (e.g., 7 days old = 7d). (SIR 24438)

When the room/bed data is missing for an inpatient, the patient's ward now correctly prints on the ATC label and the cart list. Previously, CHCS sent "unk" for the ward instead of the room/bed data. The Update Cart List (UPL) option was also affected. (SIR 26772)

[[SEARCH:Unit Dose Medication Profile

[:K:...

UDP Unit Dose Medication Profile

When you spool a prescription to print, the system recognizes the correct file name entry and prints on the appropriate device. (SIR 24940)

[[SEARCH:Pending MED Orders List

[:K:...

PPM Pending MED Orders List

AMBULATORY PROCEDURE VISIT (APV)

To accommodate APV orders, the system was modified to allow you to print future MED order lists for a requesting location of an Ambulatory Procedure Unit (APU), based on the SCHEDULED date of the Ambulatory Procedure Request (APR) order. (PHR 092414)

[[SEARCH:Print Future MED Labels

[:K:...

PFM Print Future MED Labels

AMBULATORY PROCEDURE VISIT (APV)

To accommodate APV orders, the system was modified to allow you to print future MED labels for a requesting location of an Ambulatory Procedure Unit (APU), based on the SCHEDULED date of the Ambulatory Procedure Request (APR) order. (PHR 092414)

[[SEARCH:Enter Stock Issue

[:K:...

PSM Pharmacy Support Menu

BIM Bulk/Clinic Issue Menu

ESI Enter Stock Issue

[[SEARCH:BULK CLINIC ON ENTER STOCK ISSUE (ESI) OPTION

[:K: Bulk Clinic on Enter Stock Issue (ESI) Option

BULK CLINIC ON ENTER STOCK ISSUE (ESI) OPTION

The Enter Stock Issue (ESI) option allows you to enter an issue for a particular ward/clinic location. This option displays a list of the items stocked for issue by a location. You can then enter the quantity.

Previously in the Enter Stock Issue (ESI) option, the Bulk/Clinic Issue field allowed an item to be defined either as a bulk or clinic issue item, depending on its use at the hospital location.

Bulk and clinic issues are tracked separately for MEPRS counts and workload credits. Now, bulk and clinic issues display as defined in the Stock Item Definition (SID) option. You are no longer able to change the Bulk/Clinic Issue field in the Enter Stock Issue (ESI) option.

The stock issue text appears dimmed on the screen and cannot be selected if the bulk or clinic is not defined. A message "Bulk/Clinic Not Defined" displays in the inventory quantities columns.

NOTE: Non-pharmacy users are no longer able to add stock issue items that do not appear on the Issue List. Authorized pharmacy users will continue to be able to add a stock issue if it is defined in the Location Stock file. Pharmacy users will be required to define bulk or clinic for the issue prior to filing. (SCR 96-3980)

When a bulk/clinic or narcotic issue is created, the system now displays the Cost Pool Code as the default if one exists in the Hospital Location file. If one does not exist, the system defaults to the MEPRS Code. The New Issue Entry (NEW) option on the Issue Menu (ISM) was also affected by this change. (SIR 18957)

[[SEARCH:Stock Issue Inquiry
[:K:...

SII Stock Issue Inquiry

Previously, the system displayed bulk clinic orders in date order, from the earliest date to the latest date. The system now sorts orders in reverse date order, reducing the number of orders you must scroll through when searching for orders recently entered by a ward or clinic. (SCR 96-3973; SIR 13660)

[[SEARCH:IV DUR Report
[:K:...

PRM Pharmacy Reports Menu

DUR Drug Utilization Review Menu

IDU IV DUR Report

When you attempt to generate an IV DUR Report, a system error no longer occurs if the drug type is not defined for the drug in the Formulary Maintenance (FRM) option. (SIR 23313)
(SCC 950900067)

[[SEARCH:Outpatient DUR Report
[:K:...

[[SEARCH:PRINT UNEXPANDED PRESCRIPTION SIG IN OUTPATIENT DUR REPORTS
[:K:...

ODU Outpatient DUR Report

PRINT UNEXPANDED PRESCRIPTION SIG IN OUTPATIENT DUR REPORTS

The existing Outpatient DUR Report contains various data elements from the Prescription file: patient name, prescription number, drug name, provider name, and quantity dispensed.

The unexpanded prescription Sig was added to this report to enable the pharmacists to conveniently review a medication dose or a dosing frequency while using the Outpatient DUR Report for the

outpatient population.

After selecting the Outpatient DUR Report (ODU) option, a screen displays with the following sort options:

- 1) PATIENT, DRUG AND PHYSICIAN
- 2) DRUG, PATIENT AND PHYSICIAN
- 3) PHYSICIAN, DRUG AND PATIENT
- 4) AHFS CLASSIFICATION, PHYSICIAN AND PATIENT
- 5) MEPRS CODE, DRUG AND PATIENT
- 6) OTHER

If you choose to sort by Options 1-5, in combination with Report Option Combination #1 [Detailed Data Report (No Totals)], the unexpanded prescription Sig now displays on the Outpatient DUR Reports. (PHR 024110)

[[SEARCH:Unit Dose DUR Report
[:K:...

UDU Unit Dose DUR Report

The Unit Dose DUR Report (UDU) option allows you to generate customized reports containing utilization data of unit dose medications, by selecting sort criteria from a list of options.

After selecting the Unit Dose DUR Report (UDU) option, a screen displays with the following sort options:

- 1) DRUG, PATIENT AND PHYSICIAN
- 2) AHFS CLASSIFICATION AND WARD LOCATION
- 3) AHFS CLASSIFICATION AND PHYSICIAN
- 4) AHFS CLASSIFICATION AND PROVIDER SPECIALTY
- 5) OTHER

If you choose to sort by Option 4, the system now includes the names of providers who do not have a specialty entered, and displays "Specialty Unknown." Previously, providers that did not have a specialty entered would not display on the report. This problem also occurred in the IV DUR Report (IDU) option.
(SIR 21424)

[[SEARCH:MEPRS Group Report
[:K:...

GER General Pharmacy Reports

MEP Medical Expense and Performance Report

MGR MEPRS Group Report

The system was modified to correct an error in Champus Beneficiary Support (FCC) workload reporting and to incorporate changes to a

business rule for Support to Other Military Activities (FCD) workload reporting. These changes are:

- FCC workload: If a request for an RX is received from an Outside Provider with a MEPRS Code of FCC, then this workload will be reported as FCC workload irrespective of the Performing or Requesting Divisions Group ID. The workload total appears under FCC and not under the FCD breakout.
- FCD workload: If the Group DMIS ID assigned to the division of the Requesting Location is not the same as the Group ID associated with the division of the Performing Location, workload will be reported under the grouping of FCD, except if workload qualifies for FCC reporting (MEPRS Code of the requesting location). (SIR 25642)

[[SEARCH:Stock Issue Movement Report
[:K:...

SIM Stock Issue Movement Report

A system error no longer occurs when you enter "^" at the Select Ward/Clinic Location or All: prompt, while making selections to print the Narcotic Movement Report. The system correctly responds to the entry of the "^" and does not allow you to proceed to the next prompt. (SIR 26378)

[[SEARCH:Narcotic Movement Report
[:K:...

NRR Narcotic System Reports Menu
NMR Narcotic Movement Report

When an HCP cancels a narcotic RX order which has not been completed, the transaction that is generated now contains a narcotic sequence number. Previously, the unsequenced transaction did not appear in the Narcotic Movement Report; it appeared as an exception. However, the report totals were not affected. (SIR 24458)

[[SEARCH:DEA Report
[:K:...

OPR Outpatient Pharmacy Reports
DEA DEA Report

When a narcotic prescription is marked non-compliant and then refilled again, the system now reflects the correct number of refills on the DEA Report. (SIR 27295)

[[SEARCH:Hourly Volume Report
[:K:...

HVR Hourly Volume Report

The Hourly Volume Report now correctly totals the number of prescriptions processed between midnight and 1 a.m. Previously, the report always listed "1" as the total regardless of the number of prescriptions processed. (SIR 25440) (SCC 960600526)

[[SEARCH:Outpatient Summary Report
[:K:...

OSU Outpatient Summary Report

When you run an Outpatient Summary Report sorted for Totals Only for a Division with a name that starts with a number (e.g., 300 A Division), it now prints with accurate totals. Previously, the division number was added into the division total for new RXs which also increased the total by the same amount. (SIR 21827)

[[SEARCH:Volume Summary Report
[:K:...

VSR Volume Summary Report

When there are two outpatient sites with the same name (in different divisions) the system now correctly captures prescription information for both sites on the Volume Summary Report. (SIR 24344)

[[SEARCH:Add New Drug To Formulary
[:K:...

SFM Supervisory Functions Menu

FOM Formulary Menu

ADN Add New Drug To Formulary

[[SEARCH:FIRST DATA BANK
[:K:...

FIRST DATA BANK

When drugs are added or edited in the Drug file, a compounded drug entry can now contain up to eight National Drug Code (NDC) numbers. Clinical screenings occur when you order a compounded drug for a patient. A Patient Education Monograph is not available for a compounded drug. (PHR 100651)

[[SEARCH:Test the Baker Cell Interface
[:K:...

OMM Outpatient Maintenance Menu

BCM Baker Cell Menu

TBC Test the Baker Cell Interface

A system error no longer occurs when you select the Test Baker

Cell option and the system cannot open the Baker device.
(SIR 25734)

[[SEARCH:Outpatient Site Parameters
[:K:...

SIT Outpatient Site Parameters

[[SEARCH:CHANGE REFILL GRACE PERIOD FORMAT
[:K:Change Refill Grace Period Format
CHANGE REFILL GRACE PERIOD FORMAT

Currently, sites can specify the number of days that a patient may come early to pick up a prescription refill through the Outpatient Site Parameters screen. The fields that store these entries are Refill Grace Period and Scheduled Refill Grace Period. In accordance with Department of Defense (DOD) policy, refills for maintenance medications can be requested when 75% or more of a prior prescription has been used.

The format for these two fields has changed to reflect a percentage of days supply for a prescription instead of the number of days. The field names in the Outpatient Site Parameters have changed to:

Percent of Days Supply
- Refill Grace Period: 75
- Scheduled Refill Grace Period: 75

While seventy-five (75) percent is the default, site personnel can edit these values to meet their needs. (SCR 95-3741)

The system no longer allows you to enter an outpatient pharmacy site without a formulary group defined since it is a required field. (SIR 26171)

[[SEARCH:Edit Fill Costs
[:K:...

EFC Edit Fill Costs

[[SEARCH:PRESCRIPTION FILL COST
[:K:...
PRESCRIPTION FILL COST

The new Edit Fill Costs (EFC) option allows you to edit a fill cost associated with any fill of a prescription. You can add a new fill cost or edit an existing fill cost for prescription fills, including fills processed at other sites or divisions.

The fill cost is calculated (or recalculated) and stored each time

a new prescription is created, refilled, edited, marked noncompliant, partialled or whenever a partialled prescription is completed.

CHCS includes drug costs in HL7 messages sent to external system(s) (e.g., MHCMIIS Interface) to improve the accuracy of third-party collections (TPC) reports. The initial HL7 message is sent when the label is printed. If you edit an existing fill cost through this option, the system generates another HL7 message to update the external system(s).

This option can also be assigned to your Secondary Menu as specified by your site. (PHR 093051)

After the Edit Fill Cost screen displays, the system now positions the cursor on the top line and will not allow you to enter a new fill multiple. Previously, the cursor appeared on the line below the fill entries and would allow you to enter "N" (for NOW) or a date in the "T@nnnn" format to create a new fill multiple for a prescription.

The associated system error from attempting to enter a fill cost for such a new fill multiple no longer occurs. (SIR 27918)
(SCC 980200385)

[[SEARCH:Health Care Provider Maintenance
[:K:...

HCM Health Care Provider Maintenance

"E"-LEVEL MEPRS

The system was modified to prevent you from entering an inappropriate requesting location in the Provider Location field as the provider's default location. An inappropriate requesting location is a hospital location that has a File Area Location Type and an associated "E"-Level MEPRS code.

The Enter/Maintain Inpatient Orders (EMI) options were also affected by this change. (CLN 090984)

The provider's home address now displays on the existing Provider Maintenance screen instead of the provider's work address.
(SIR 22079)

[[SEARCH:Medication Routes
[:K:...

UDF Unit Dose File Maintenance Menu **ROU Medication Routes**

When you are in the medication route screen and press <F10>, the

system now displays the action bar containing File/exit, Abort, and Edit actions. Previously, the action bar did not display and the system automatically exited the screen and filed the entry. (SIR 24926)

[[SEARCH:Ward Groups

[:K:...

WAG Ward Groups

AMBULATORY PROCEDURE VISIT (APV)

The system was modified to allow you to establish ward groups that contain Ambulatory Procedure Units (APUs). This enhancement allows you to suppress the cart lists from printing. To print cart lists and work lists, the ward group associated with each APU must be defined as a "ward" through this option. If defined as any other type (e.g., Emergency Room, Clinic, or APU) cart lists and work lists will not print. (PHR 092414)

[[SEARCH:Miscellaneous

[:K:..

Miscellaneous

A system error no longer occurs in the nightly run, OR-DC-TSK, when it encounters a prescription order without a dispensing pharmacy in the Order file. (SIR 21728)

In the Pharmacy file of the Data Dictionary, the word "Prefix" in the Prescription Number Prefix field is now correctly spelled. Previously, the "x" was missing, which affected the data base integrity because the cross-reference was not supported by a field. (SIR 23863)

The Control Audit Transaction file of the Data Dictionary now reflects the appropriate Read/Write access for the FileMan user. You can now view the file or generate an ad hoc report, but you are no longer allowed to enter/edit the file. (SIR 23938)

A conversion was run to rebuild a missing order number and its associated Internal Entry Number (IEN) in the Prescription file. (SIR 25283) (SCC 960200059)

The system was modified to correct an error in Champus Beneficiary Support (FCC) workload reporting for the WAM Ancillary Report and to incorporate changes to a business rule for Support to Other Military Activities (FCD) workload reporting for Pharmacy WAM reports. These changes are:

- FCC workload: If a request for an RX is received from an Outside Provider with a MEPRS Code of FCC, then this workload

will be reported as FCC workload irrespective of the Performing or Requesting Divisions Group ID. This total appears under FCC and not under the FCD breakout.

- FCD workload: If the Group DMIS ID assigned to the division of the Requesting Location is not the same as the Group ID associated with the division of the Performing Location, workload will be reported under the grouping of FCD, except if workload qualifies for FCC reporting (MEPRS Code of the requesting location). (SIR 25643)

The system no longer creates an "infinite loop" when a drug is ordered by a synonym in lower case for a drug that is defined in all caps. (SIR 25597) (SCC 960401241)

3. SUBSYSTEMS AFFECTED BY THIS RELEASE

The following release notes are being distributed for this software release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (INCLUDING MASCAL), PAS, PHR, RAD, R/IT, TOL, and WAM.

